

9-27-04

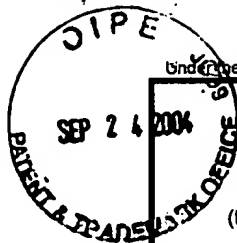
2664#

PTO/SB/21 (08-00)

Approved for use through 10/31/2002

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	16102US01
Filing Date	June 5, 2001
First Named Inventor	Louis Jacobus BOUTHA
Group Art Unit	2664
Examiner Name	Chuong T. HO
Attorney Docket Number	16102US01

Total Number of Pages in This Submission 11

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input checked="" type="checkbox"/> Fee Attached (Check) <input checked="" type="checkbox"/> Amendment/Reply (8 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Exten. of Time Request (1 Page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) ( sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>		Date: September 24, 2004

## EXPRESS MAIL DEPOSIT

U.S.P.S. Express Mail Mailing Label No.: EV 435 254 681 US

Date of Deposit: September 24, 2004

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PTO/USB/17 (11-00)

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**FEE TRANSMITTAL  
for FY 2004**

Patent Fees are subject to annual revision.

**Complete if Known**

<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$950.00)</b>	<b>Application Number</b>	09/873,316
			<b>Filing Date</b>	June 5, 2001
			<b>First Named Inventor</b>	Louis Jacobus BOTHA
			<b>Examiner Name</b>	Chuong T. HO
			<b>Group Art Unit</b>	2664
			<b>Attorney Docket No.</b>	16102US01

**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number  
Deposit  
Account  
Name

13-0017

McAndrews Held &amp; Malloy

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status.  
 See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

1001 770 2001 385 Utility filing Fee

1002 340 2002 170 Design filing Fee

1003 530 2003 265 Plant filing fee

1004 770 2004 385 Reissue filing fee

1005 160 2005 80 Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES**

Total Claims  - 20\*\* =  x  =

Independent Claims  - 3\*\* =  x  =

Multiple Dependent  =

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

1202 18 2202 9 Claims in excess of 20

1201 86 2201 43 Independent claims in excess of 3

1203 290 2203 145 Multiple dependent claim, if not paid

1204 86 2204 43 \*\*Reissue independent claims over original patent

1205 18 2205 9 \*\*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	950.00
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$950.00)

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636	Telephone	312-775-8084
Signature	<i>Michael T. Cruz</i>	Date	September 24, 2004		

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